School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	First Semester	Second S
DUE DATES:	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County S May 24 to State Sup
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	

DUE DATES:		February 1 t February 15	to Cou	te Superint	endent	NT FOR SCI	Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:			
This claim is for the period beginning										
			1	nonth	day			month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is compl	ete and	accurate to th	e best of my ki	nowledge.				
Date	Signature, Chair, Board of Trustees									
County:			District:	:				Distric	ct Level:	
08 Chou	teau		0134	Fort Ben	ton H S			Higl	h School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	1	1-Carter		158	1.57	78	08/16/04			
100	1	2-Loma		95	1.57	72	08/16/04		_	
100	1	3-PV Dorne	er	138	1.36	66	08/16/04		_	
100	1	4-East		76	1.15	54	08/16/04			

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District	
County	

DUE
DATES

DUE DATES:		February 1 February 1	to Cou 5 to Sta	te Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent					t
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SO	CHOOL B	US TRAI	NSPORT	ATION	:	
This clain	n is for the	period beginning	l		,	20 and	d ending			,	20	
				month	day			m	onth	d	ay	
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.						
Date			Signatu	re, Chair, Board	d of Trustees							
County:			District						1	District Le	wal.	
County.			District	•						District Le	VC1.	
08 Chou	teau		0137	Big Sand	ly Elem					Elemei	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y Ins	oection	Da Oper	•	S	Bus Driver's ocial Security #
71	11	19-11-1		89	1.15	53	08/	24/04				·
50	11	19-11-2		47	1.36	66	08/	24/04				_
52	11	19-11-3		134	1.36	66	08/	01/04			-	
50	11	19-11-4		88	0.95	20		01/04	-			
73	11	19-11-6		114	0.95	47		24/04	-			
33	11	19-11-8		49.5	1.15	53		24/04				
33	**	1, 11 0		17.0	1.10		30/	/ 0 !	<u> </u>		L	

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State	
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DUE
DATES

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	February 1	to Cou	nty Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SO	CHOOL I	BUS TRA	NSPORTATION	N:	
This claim is for the period beginning								nonth	_, 20 day	
ICATIO	N:									
		lete and	accurate to the	e best of my kn	owledge.					
		Signature, Chair, Board of Trustees								
		District	:					District I	Level:	
Chouteau 0138 Big Sandy H S					High	Iigh School				
District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Ins	spection	Days Operated		Bus Driver's ocial Security #
2	19-11-1		89	1.15	53	08	3/24/04			
2	19-11-2		47	1.36	66	08	3/24/04			
2	19-11-3		134	1.36	66	08	3/01/04			
2	19-11-4		88	0.95	20	08	3/01/04			
2	19-11-6		114	0.95	47	08	3/24/04			
2	19-11-8		49.5	1.15	53	08	3/24/04			
	teau District # 2 2 2 2 2	February 1 February 15 February 15 FETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is comp ICATION: Teau District # 2 19-11-1 2 19-11-2 2 19-11-3 2 19-11-4 2 19-11-6	February 1 to Cour February 15 to Sta	February 15 to State Superint	February 1 to County Superintendent	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent May 10 to February 15 to State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSING	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 10 to County Superintendent May 10 to	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 24 to State Superintendent

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School District Claim for State Reimbursement for School Bus Transportation

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DUE
DATES

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First Semester February 1 to County Superintendent February 15 to State Superintendent					May 24 to	State Superinter	tendent ndent
ETE TH	IS CLAIM FO	R STATE REIM	BURSEMEN	T FOR SC	HOOL BUS TRAI	NSPORTATION:	
n is for the	period beginning	3	,	20 and e	ending	,	20
		month	day		m	onth da	ny
ICATIO	N:						
mation on	this form is comp	lete and accurate to t	he best of my kn	owledge.			
		Signature, Chair, Boa	ard of Trustees				
		District:				District Lev	vel:
08 Chouteau 0145 Highwood Elem					Elemen	ıtary	
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
28	1	46.6	0.95	48	07/14/04		
28	1b	99	0.95	40	08/16/04		
28	2	95.9	0.95	48	08/31/04		
28	3	110.4	0.95	48	07/14/04		
28	4	61.6	1.36	66	07/14/04		
	teau District # 28 28 28 28	February 1 February 15 February 15 FETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is composite ICATION: Teau District # 28	February 1 to County Supering February 15 to State Supering ETE THIS CLAIM FOR STATE REIM In is for the period beginning month ICATION: Taking a supering month District: Teau District: Route # Route # Per Day 28 1 46.6 28 1b 99 28 2 95.9 28 3 110.4	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent	February 1 to County Superintendent May 10 to	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 24 to State Superintendent

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District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STATE REIMI	BURSEMEN	T FOR SO	CHOOL BUS TR	ANSPORTATION	•	
This claim is for the period beginning								20 .	
			month	day			month d	ay	
CERTIF	ICATIO	N:							
The infor	mation on	this form is compl	ete and accurate to th	e best of my kn	owledge.				
Date			Signature, Chair, Board	d of Trustees					
County:			District:				District Le	evel:	
08 Chouteau 01			0146 Highwoo	od H S			High S	chool	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
35	4	1	46.6	0.95	48	07/14/04			
35	4	2	95.9	0.95	48	08/31/04			
35	4	3	110.4	0.95	48	07/14/04			
35	4	4	61.6	1.36	66	07/14/04			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

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0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation County				
DUE DATES:	:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATIO	N:		
This clain	m is for the	period beginning	-	month	, day	20 and en	nding	onth	, 20 day		
CERTIF	ICATIO	N:									
The info	rmation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:	County: District:							District	Level:		
08 Chouteau 0153 Gerald					e Elem			Elem	entary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
60	44	1b		99	0.95	40	08/16/04				
60	44	2		84	0.95	41	08/16/04	'			

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08/16/04

08/16/04

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This claim is for the period beginning						20 an	and ending, 20				
			r	nonth	day			m	onth da	ny	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:			District Level:					
08 Chou	teau		0154 Geraldine H S						High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	ty In	spection	Days Operated	Bus Driver's Social Security #	
40	3	2		84	0.95	41	08	8/16/04			
40	3	3		70	0.95	36	08	8/16/04			
40	3	4		58	0.95	48	08	8/16/04			
							L				-